| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003                                                                                                                                                                                              |                |                                           |                                       |                                   |                  |                  |       |                   |                                                  |         |                             |                               |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------------|-----------------------------------|------------------|------------------|-------|-------------------|--------------------------------------------------|---------|-----------------------------|-------------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                     |                |                                           |                                       |                                   |                  |                  |       |                   | SMALL ENTITY TYPE                                |         |                             | OTHER THAN<br>OR SMALL ENTITY |  |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                       |                |                                           | 23                                    |                                   |                  |                  |       | RATE              | FEE                                              | 7       | RATE                        | FEE                           |  |  |
| FOR                                                                                                                                                                                                                                                                |                |                                           | NUMBER FILED                          |                                   | NUMBER EXTRA     |                  |       | BASIC FEE         | 375.00                                           | OR      | BASIC FEE                   | 750.00                        |  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                            |                |                                           | 23 minus 20=                          |                                   | • 3              |                  |       | X3 9=             |                                                  | OR      |                             | 54                            |  |  |
| NDEPENDENT CLAIMS                                                                                                                                                                                                                                                  |                |                                           | '3 minus 3 =                          |                                   | • 😥              |                  |       | X42=              | <del>                                     </del> | 1       | You                         |                               |  |  |
| U                                                                                                                                                                                                                                                                  | LTIPLE DEPE    | NDENT CLAIM P                             |                                       |                                   |                  |                  |       | <del> </del>      | OR                                               |         | :                           |                               |  |  |
| If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                             |                |                                           |                                       |                                   |                  |                  |       | +140=             | <u></u>                                          | OR      |                             | _                             |  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                        |                |                                           |                                       |                                   |                  |                  |       | TOTAL             |                                                  | OR      |                             | 802                           |  |  |
| (Column 1) (Column 2) (Column                                                                                                                                                                                                                                      |                |                                           |                                       |                                   |                  |                  |       | SMALL             | ENTITY                                           | OR      | OTHER<br>SMALL              |                               |  |  |
|                                                                                                                                                                                                                                                                    |                | CLAIMS REMAINING AFTER AMENDMENT          |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | ER<br>USLY       | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE                           |         | RATE                        | ADDI-<br>TIONA<br>FEE         |  |  |
|                                                                                                                                                                                                                                                                    | Total          | .23                                       | Minus                                 | **                                | <u> </u>         | -3/              |       | X\$ 9=            |                                                  | OR      | X\$18=                      | ree                           |  |  |
| L                                                                                                                                                                                                                                                                  | Independent    | . 3                                       | Minus                                 | ***                               |                  | 50               |       | X42=              |                                                  | 1       | X84=                        |                               |  |  |
|                                                                                                                                                                                                                                                                    |                | NTATION OF M                              | ILTIPLE DEPENDENT                     |                                   | CLAIM            | . /-             |       | -                 |                                                  | OR      |                             |                               |  |  |
|                                                                                                                                                                                                                                                                    | 1,12,20        |                                           |                                       |                                   |                  |                  | ı     | +140=             |                                                  | OR      | +280=                       |                               |  |  |
| 1                                                                                                                                                                                                                                                                  | 13/6           | (Column 1)                                |                                       | (Cotum                            | n 21             | (Column 3)       | . *   | DOTT. FEE         | 375                                              | OR      | TOTAL<br>ADDIT. FEE         | 804                           |  |  |
| S SESSONES                                                                                                                                                                                                                                                         |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 17<br>#37                             | HIGHE<br>NUMB<br>PREVIO           | ST<br>ER<br>USLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE                           |         | RATE                        | ADDI-<br>TIONAL<br>FEE        |  |  |
| ŀ                                                                                                                                                                                                                                                                  | Total          | . 23                                      | Minus                                 | "2                                | 3                | - O              |       | X\$ 9=            |                                                  | OR      | X\$18=                      | /                             |  |  |
| L                                                                                                                                                                                                                                                                  | Independent    | • 3                                       | Minus                                 | 3                                 |                  | -0               |       | X42=              |                                                  |         | X84≠                        |                               |  |  |
|                                                                                                                                                                                                                                                                    |                |                                           | ILTIPLE DEP                           | TIPLE DEPENDENT O                 |                  | MIAI             |       |                   |                                                  | OR      |                             | $\leftarrow$                  |  |  |
| 0003                                                                                                                                                                                                                                                               |                |                                           |                                       |                                   |                  |                  |       | +140=             |                                                  | OR      | 280=                        | <u> </u>                      |  |  |
|                                                                                                                                                                                                                                                                    |                |                                           |                                       | 14                                |                  |                  | A     | DOIT. FEE         |                                                  | OR      | TOTAL<br>ADDIT. FEEL        | ( )                           |  |  |
|                                                                                                                                                                                                                                                                    | A SEL          | (Column 1)<br>CLAIMS                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (Colum<br>HIGHE                   |                  | (Column 3)       | -     |                   |                                                  |         |                             |                               |  |  |
|                                                                                                                                                                                                                                                                    |                | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVIOL<br>PAID F                 | IELY             | PRESENT<br>EXTRA | L     |                   | ADDI-<br>TIONAL<br>FEE                           |         | RATE                        | ADDI-<br>TIONAL<br>FEE        |  |  |
| H                                                                                                                                                                                                                                                                  | otal           |                                           | Minus                                 | **                                |                  | =                |       | X\$ 9=            |                                                  | OR      | X\$18=                      |                               |  |  |
| _                                                                                                                                                                                                                                                                  | INST DESC      | ATTATION OF MI                            | Minus                                 | CAID CARE                         |                  | <u> </u>         | Γ     | X42=              |                                                  | OR      | X84=                        |                               |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                     |                |                                           |                                       |                                   |                  |                  |       |                   |                                                  | Ì       |                             | · ·                           |  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                |                                           |                                       |                                   |                  |                  |       | TOTAL<br>DOT, FEE |                                                  | OR      | +280=<br>TOTAL<br>DDIT, FEE |                               |  |  |
| Iħ                                                                                                                                                                                                                                                                 | e "Highest Num | ber Previously Paid                       | IO FOR IN THIS FOR (TOTAL OF          | Independen                        | ) is the I       | righest number   | found | in the appr       |                                                  | in colu |                             |                               |  |  |

PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

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PATENT
Attorney Docket No.: A-21-1

on 7/13/06 by 1874

Rick Batt

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Paul O. Davison et al.

Application No.: 10/661,118

Filed: September 12, 2003

For: INSTRUMENT FOR ELECTROSURGICAL

TISSUE TREATMENT

Commissioner for Patents Alexandria, VA 22313-1450 Examiner: Rosiland Rollins

**Art Unit: 3739** 

Confirmation No.: 6449

REPLY AND AMENDMENT

This is responsive to the Office Action mailed January 13, 2006. Applicant petitions for a three month extension of time. The Commissioner may charge Applicant's deposit account no. 50-0359 for any fees due in connection with this application.

Regarding independent Claim 20, it recites an annular support. Fanton does not appear to recite a ring shaped support. Fanton shows a curved circular body having electrodes disposed therein. Thus Fanton does not disclose an annular support.

Based on the foregoing, Applicant requests reconsideration and withdrawal of the rejections of the claims based on Section 102.

## Rejections based on Section 103.

The Office Action rejected Claim 14 under 35 U.S.C. §103(a) as being unpatentable over Fanton in view of Doss. The Office Action also rejected Claims 21-23 under 35 U.S.C. §103(a) as being unpatentable over Fanton.

As indicated above Fanton and Doss do not teach all claim limitations recited in the independent claims. A proper *prima facie* case of obviousness under Section 103 requires, amongst other things, that the reference (or references when combined) must teach or suggest all the claim limitations. MPEP § 2142. In this instance, none of the cited references teach or suggest the claim limitations discussed above in connection with claims 1, 12, and 20.

Based on the foregoing, Applicant requests reconsideration and withdrawal of the rejections of the claims based on Section 103.

Applicant has made a sincere effort to respond to each of the outstanding issues raised in the Office Action. If the Examiner believes a telephone conference would facilitate prosecution of this application, please telephone the undersigned at the below listed number.

Respectfully submitted.

Richard R. Batt Reg. No. 43,485

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